



1637 IFW

PATENT

Atty. Docket No. IMD-001
(Formerly 12877-006001)
(20673.0004)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Jacobs *et al.*

SERIAL NUMBER: 09/996,056 FILING DATE: November 27, 2001

PATENT NUMBER: 6,905,816 B2 ISSUE DATE: June 14, 2005

GROUP NUMBER: 1637 EXAMINER: Kenneth R. Horlick

TITLE: CLINICALLY INTELLIGENT DIAGNOSTIC DEVICES AND METHODS

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to below, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents; P.O. Box 1450, Alexandria, VA 22313-1450 on this 25th day of January, 2007.

Dated:

January 25, 2007

Brenda T. Kowalczyk

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Submitted herewith is/are:

Transmittal (1 pg.); Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (2 pgs.); this Certificate of First Class Mailing and a return receipt postcard.

Transmittal

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

(to be used for all correspondence after initial filing)

Application Serial Number		09/996,056
Filing Date		November 27, 2001
First Named Inventor		Alice A. Jacobs
Group Art Unit		1637
Confirmation Number		1285
Examiner Name		Kenneth R. Horlick
Attorney Docket Number		PDR-001PR (formerly 12877-006001)
Patent Number		6,905,816 B2
Total Number of Pages in This Submission	4	Issue Date
June 14, 2005		

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations	<input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 CFR 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 CFR 1.8 <input type="checkbox"/> Certificate of Hand Delivery <input checked="" type="checkbox"/> Revocation of Power of Attorney, Change of Correspondence Address <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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<input type="checkbox"/> Copy of Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Transmittal of Formal Drawing(s) <input type="checkbox"/> Total Sheets of Drawings ____	
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request for Continued Examination (RCE) Transmittal <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)	
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<input type="checkbox"/> Petition for Extension of Time		
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations		

CORRESPONDENCE ADDRESS

Direct all correspondence to: Docketing Assistant
Sullivan & Worcester LLP
One Post Office Square
Boston, MA 02109
Tel. No.: (617) 338-2800
Fax No.: (617) 338-2880

SIGNATURE BLOCK

Respectfully submitted,

Date: January 25, 2007
Reg. No.: 43,153
Tel. No.: (617) 338-2952
Fax No.: (617) 338-2880
Diana M. Steel, D. Phil.
Attorney for Applicants
Sullivan & Worcester LLP
One Post Office Square
Boston, MA 02109



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PTO/SB/82 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	6,905,816 B2
	Issue Date	June 14, 2005
	First Named Inventor	Alice A. Jacobs
	Art Unit	1637
	Examiner Name	Kenneth R. Horlick
	Attorney Docket Number	IMD-001 (Formerly 12877-006001)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **44966**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: **44966**

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Docketing Assistant Sullivan & Worcester LLP				
Address	One Post Office Square				
Address					
City	Boston	State	MA	Zip	02109
Country	USA				
Telephone	(617) 338-2800	Fax	(617) 338-2880		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Alice A. Jacobs	Title:	Chairman and CEO
Signature			
Date		Telephone	(617) 871-6406

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☐ * Total of _____ forms are submitted.



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PTO/SB/98 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Alice A. Jacobs et al.

Application No./Patent No.: 09/996,056; 6,905,816 B2 Filing/Issue Date: 11/27/01; 06/14/05

Title of Application: Clinically Intelligent Diagnostic Devices and Methods

Intelligent Medical Devices, Inc.

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

Corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or

2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ % in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____.

OR

B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Alice A. Jacobs, Boris Nikolic and Vineet Gupta To: Genevention L.L.C.
The document was recorded in the United States Patent and Trademark Office at Reel 013026, Frame 0909, or for which a copy thereof is attached.

2. From: Genevention L.L.C. To: Intelligent Medical Devices, LLC
The document was recorded in the United States Patent and Trademark Office at Reel 016027, Frame 0116, or for which a copy thereof is attached.

3. From: Intelligent Medical Devices, LLC To: Intelligent Medical Devices, Inc.
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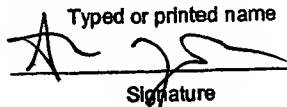
☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.
[NOTE: A true copy of the original assignment must be submitted to the Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Date
(617) 871-6406
Telephone number

Alice A. Jacobs

Typed or printed name


Signature
Chairman and CEO

Title